2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2010
Secretary of State

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Entity Name: FUNCTION FIRST THERAPY SERVICES, PLLC

Current Principal Place of Business:

14178 RIVER ROAD, UNIT C
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

14178 RIVER ROAD, UNIT C
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 41-8278810 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARNES, NICOLE M
14178 RIVER RD, # C
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: BARNES, NICOLE
Address: 14178 RIVER RD, # C
City-St-Zip: PENSACOLA, FL 32507

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: NICOLE M. BARNES MGR 06/15/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date